# FORM D 2007

1393806

UNITED STATE SECURITIES AND EXCHAN U70537R2



OMB APPROVAL

Number: 3235-0076 es: April 30, 2008

Estimated average burden hours per response......16.00

# SEC USE ONLY Prefix Serial DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Washington, D.C. 20042

FORM D

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
QUANTCAST CORPORATION SERIES A PREFERRED STOCK FINANCING
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Quanteast Corporation
Address of Executive Offices (Number Street, City, State, Zip Code) Telephone Number (including Area Code)
.400 2 <sup>nd</sup> Street (415) 738-4755
San Francisco, CA 94107
Address of Principal Business Operations (Number Street, City, State, Zip Code) Telephone Number (including Area Code)
(if different from Executive Offices)
Brief Description of Business PROCESSED
Internet services.
Type of Business Organization MAY 3 1 20071
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
Brief Description of Business Internet services.  Type of Business Organization  Corporation  Dimited partnership, already formed Dusiness trust Dimited partnership, to be formed  THOMSON  FINANCES
Month Year FINANCIAL
Actual or Estimated Date of Incorporation or Organization 0 2 0 5 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction  D E
GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIF	FICATION DATA	ν.	
2. Enter the information requested for the following:			
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the</li> <li>Each beneficial owner having the power to vote or dispose, or direct th</li> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	e vote or disposition of, 10% of	_	· · ·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Feldman, Konrad			
Business or Residence Address (Number and Street, City, State, Zip Code) 400 2 <sup>nd</sup> Street, Suite 350, San Francisco, CA 94107	•		
Check Box(es) that Apply: Promoter Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Sutter, Paul			
Business or Residence Address (Number and Street, City, State, Zip Code) 400 2 <sup>nd</sup> Street, Suite 350, San Francisco, CA 94107			
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) The Founders Fund, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1 Letterman Drive, Building C, Suite 400, San Francisco, CA 94129	П г		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Revolution Capital II, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)			<u></u>
11682 El Camino Real, Suite 100, San Diego, CA 92130			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Revolution Capital, LLC			
Business or Residence Address (Number and Street, City, State, Zip Code) 11682 El Camino Real, Suite 100, San Diego, CA 92130			
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
(Use blank sheet, or copy and use addition	onal copies of this sheet, as n	ecessary.)	

	•			В. 1	NFORMAT	TION ABOU	JT OFFER	ING				7
											Yes	No
1.	Has the issuer s	old, or does	the issuer int	tend to sell,	to non-accre endix, Colum	dited investo	ors in this of	tering? F				$\boxtimes$
2.	What is the min	imum inves				_					\$ n/a	
۷.	What is the thin	11111111111111465	inicili iliai wi	in be accept	ed from any	marviduai :	••••••	***************************************		*********************	Yes	No
3.	Does the offering	ıg permit joi	nt ownership	of a single	unit?	•••••					$\boxtimes$	
	Enter the inform											
	or similar remu											
	listed is an asso of the broker or											
	forth the inform				to be listed a	are associate	a persons or	Sucii a Dion	ici or dealer,	, you may set		
Full	Name (Last nan	ne first, if inc	dividual)									
			<u> </u>									
Busi	ness or Residen	ce Address (	Number and	Street, City	, State, Zip	Code)						
Nam	e of Associated	Broker or D	ealer									
State	s in Which Pers	ons Listed F	las Solicited	or Intends t	o Solicit Pur	chasers	- 11 - C					
	(Check "All Sta	ites" or chec	k individual	States)						•••••	🔲 All	States
ΑL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	<b>I</b> D
IL	IN IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M7		NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Kı	SC	SD	114	17	O1	V I	VA	WA	** *	44.1	W I	rĸ
	Name (Last nam			Street, City	, State, Zip	Code)						
Nam	e of Associated	Broker or D	ealer	<u>-</u> -							***	
State	s in Which Pers	ons Listed F	las Solicited	or Intends t	o Solicit Pur	chasers						
	(Check "All Sta	ites" or chec	k individual	States)		•••••					All	States
ΑL	AK	ΑZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MI		NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
1/1	30	SD	114	IX	01	<b>V</b> 1	VA.	***	** *	**1	** 1	IK
Full	Name (Last nam	ne first, if inc	dividual)									-
Busi	ness or Residence	e Address (	Number and	Street, City	, State, Zip (	Code)						
		•						_				
Nam	e of Associated	Broker or D	ealer							•		
State	s in Which Pers	ons Listed F	las Solicited	or Intends to	o Solicit Pur	chasers						
	(Check "All Sta									***************************************	All :	States
				-							_	
AL		AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA NY	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT		NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... Equity \$ 6,196,756.19 \$ 6,196,756.19 ☐ Common □ Preferred Convertible Securities (including warrants) ....... Partnership Interests .......\$ Other (Specify )......\$ 0 \$ 6,196,756.19 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors.... \$ 6,196,756.19 Non-accredited Investors Total (for filings under Rule 504 only)..... 0 Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ..... Regulation A.... 0 Rule 504 ..... 0 0 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee Printing and Engraving Costs 200.00 Legal Fees. 80,082.00 Accounting Fees Engineering Fees

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) \_\_\_\_\_ Delivery, Corp. Docs, UCC Search \_\_\_\_\_\_

Total

\$ 6,115,737.19

737.00

81,019.00

**⊠** \$

		E. STATE SIGN	IATURE		3 4 2 St. 18 4 4 1
1.	Is any party described in 17 CFR 230.262 presently provisions of such rule?			Yes	No
	Sec	e Appendix, Column 5,	for state response.		
2.	The undersigned issuer hereby undertakes to furnis CFR 239.500) at such times as required by state law		trator of any state in whi	ch this notice is file	ed, a notice on Form D (17
3.	The undersigned issuer hereby undertakes to furn offerees.	ish to the state admin	istrators, upon written r	equest, information	furnished by the issuer to
4.	The undersigned issuer represents that the issuer is Exemption (ULOE) of the state in which this noti burden of establishing that these conditions have be	ce is filed and underst			
	e issuer has read this notification and knows the conte horized person.	ents to be true and has o	luly caused this notice to	be signed on its beh	alf by the undersigned duly
Issu	uer (Print or Type)	Signature		Date	
Qu	antcast Corporation	\		April 30	0, 2007
	me of Signer (Print or Type)	Title of Signer (Print	or Type)		
Pat	ul Sutter	President			

### Instruction:

5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an estimate a of the payments listed must equal the adjus-	nd check			
	g – no proceeds received	Offic Direct	ents to cers, ors, &	Paymer	
0.1.: 15			iates	Othe	
Salaries and fees				\$	
Purchase of real estate			0	□\$	0
Purchase, rental or leasing and installation of ma			^		^
and equipment				□\$ □ *	0
Construction or leasing of plant buildings and fa		⊔ \$	0	<b></b>	0
Acquisition of other businesses (including the v					
offering that may be used in exchange for the as			^		^
issuer pursuant to a merger)		· · · · · · · · · · · · · · · · · · ·		□ \$ □ \$	U
Repayment of indebtedness				□\$	
Working capital			0	<b>⊠</b> \$ <u>6,11:</u>	3,737.19
Other (Specify)	· · · · · · · · · · · · · · · · · · ·	****			
· · · · · · · · · · · · · · · · · · ·					
	_			□ \$	
Column Totals				<b>⊠</b> \$ <u>6,11:</u>	
Total Payments Listed (column totals added)		***************************************	<b>⊠</b> \$	6,113	5,737.19
signature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accrect Issuer (Print or Type)					
Quantaget Corporation	\( \( \sigma \)		1 30, 2007		
Quantcast Corporation Name of Signer (Print or Type)	Title of Signer (Print or Type)	i Apri	1 30, 2007		
Paul Sutter	President				
	ATTENTION				
	ALLEMION				
Intentional misstatements or or	missions of fact constitute federal criminal vi	iolations. (See 18 U.S	.C. 1001.)	l	

				Al	PPENDIX		· .			
1	Intend to non-a investor	1 to sell ccredited s in State l-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of	4  Type of investor and  amount purchased in State  (Part C-Item 2)					
State	Yes	No	Series A Preferred Stock	Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	103	110	Troined Stock	Investors	7 Imount	1111000015				
AK						,				
AZ										
AR										
CA		х	\$5,696,756.19	7	\$5,696,756.19	0	0		х	
со										
СТ										
DE										
DC					<u> </u>					
FL							-		:	
GA										
HI										
ID						•				
IL 										
IN										
IA KS										
KY										
LA									i	
ME										
MD			<del></del>							
MA							- · · · · · · · · · · · · · · · · · · ·			
MI										
MN	-			-						
MS										
МО										
МТ										
NE										

	 		- <u> </u>				 
NV							
NH							
NJ							
NM							
NY	X	\$500,000	1	\$500,000	0	0	х
NC							
ND							
ОН							
ок	 						
OR	 						
PA							
RI					<u></u>		
sc							
SD							
TN							
TX							
UT						<u>-</u>	
VT							
VA							
WA							
wv							
WI							
WY							
PR							

